

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P480: Kaiser Permanente Health Plan of the Mid-Atlantic States Inc.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 4,995,340
Services Submitted: 4,995,340

Source File: P480_enc5_dc_crunch.sas7bdatt
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)	247,894	240,822	-2.9	4,946,105	4,848,356	-2.0	111,507,978	114,011,157	2.2
2: PPO-POS									
3: PPO or Other Managed Care									
4: Indemnity Care									
5: HMO-POS Rider	7,818	8,335	6.6	110,740	114,028	3.0	4,893,601	4,633,699	-5.3
6: EPO									
9: Payer Code=9 (Unknown and Missing)	7,237	7,878	8.9	30,173	32,956	9.2	2,317,393	2,068,454	-10.7
Total	255,628	249,011	-2.6	5,087,018	4,995,340	-1.8	118,718,972	120,713,310	1.7

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO									
HMO Fee for Service	82,711	80,242	-3.0	834,280	813,854	-2.4	103,322,021	104,103,604	0.8
HMO Capitated	242,924	238,856	-1.7	4,009,037	3,923,624	-2.1			
Medicare, All Types	13,016	13,520	3.9	223,697	235,471	5.3	11,968,035	13,174,899	10.1
No Plan Assigned	3,878	3,804	-1.9	20,004	22,391	11.9	3,428,916	3,434,807	0.2
Total	255,628	249,011	-2.6	5,087,018	4,995,340	-1.8	118,718,972	120,713,310	1.7

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan	11,701	10,750	-8.1	229,876	210,903	-8.3	4,920,334	4,601,787	-6.5
3: Private Employer Sponsored Fully Self-Ins									
4: Private Employer Sponsored Insured	114,736	111,095	-3.2	1,859,041	1,838,700	-1.1	53,135,232	53,741,034	1.1
5: Public Employee	105,558	102,192	-3.2	2,031,988	1,946,248	-4.2	49,262,964	51,083,896	3.7
6: Comprehensive Standard Health Benefit Plan	5,777	5,708	-1.2	106,340	97,947	-7.9	3,760,461	3,303,177	-12.2
7: Medicare Provided by a Medicare HMO/CMS	18,719	19,512	4.2	792,443	822,317	3.8	4,470,868	4,664,389	4.3
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)	9,223	10,238	11.0	67,330	79,225	17.7	3,169,113	3,319,027	4.7
Missing or Invalid Code									
Total	255,628	249,011	-2.6	5,087,018	4,995,340	-1.8	118,718,972	120,713,310	1.7

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.